

Local Anæsthetics in Rhinolaryngology.—DR. G. FINDER considers that beta-eucaine possesses certain advantages over cocaine, in that its solutions may be boiled, keeps for a long time, and are much less toxic. He has not shown that a mixture of adrenalin and cocaine lessens the toxicity of the latter, but, with injections of $\frac{1}{2}$ drachm of $\frac{1}{2}$ per cent. cocaine to which 4 drops of 1:1000 adrenalin solution have been added, he has been able to do long operations upon deviated septa. In hypertrophied turbinates, where the ischæmia produced by cocaine increases the difficulty of operation, the author prefers as an anæsthetic a 1 per cent. solution of yohimbine, which does not cause vasoconstriction. Anæsthesine, in the author's opinion, lessens the dysphagia attendant upon syphilitic and tuberculous conditions of the glottis.—*Berliner klinische Wochenschrift*, 1905, No. 8, p. 211.

Formic Acid and its Salts.—DR. H. HUCHARD considers these substances vigorous muscular tonics and diuretics. Sodium formiate is preferable to the acid and to other salts, and may be given in dosage of 45 to 60 grains per day, mixed with syrup of orange-peel. The author has never used the drug hypodermically. In asthenic conditions, such as are seen in convalescence from the infectious diseases, in patients affected with cardiac and arterial lesions, etc., the muscular system becomes much more vigorous and the body capable of much more exertion after the administration of the formiates, as is proven by the use of instruments calculated to measure muscular power. These substances also have a noticeable diuretic action. The urine is increased very shortly after the drug has been given and the diuresis ceases a day or two after its suspension. A point especially noteworthy concerning the effect of the medicament is that the output of urea, as well as the quantity of the urine, is markedly augmented. Long usage of the formiates does not seem to establish a tolerance, no toxic manifestations have been noted, nor is there any irritant effect upon the kidneys.—*Revue de Thérapeutique*, 1905, No. 7, p. 217.

Potassium Tellurite in Profuse Sweating.—DR. POCHORECKI has employed this substance in doses of from 0.15 to 0.75 grain daily. In the night-sweats of pulmonary tuberculosis, 0.3 to 0.5 grain, taken in the evening, prevents this unpleasant symptom, and in mild cases smaller doses are effectual. Rarely after long usage does the dose have to be increased, and while in some cases the larger doses may cause intestinal disturbance, smaller dosage is not subject to this disadvantage. The great drawback to this remedy is its alliaceous odor, but, fortunately, this is not perceived by the patient, even though it is noticeable to others, for some weeks after the cessation of its administration. The author has also employed this substance in healthy subjects who are subject to excessive perspiration in hot weather.—*Journal de médecine de Paris*, 1905, No. 15, p. 148.

The External Use of Guaiacol.—DR. HECHT has used a 10 per cent. ointment of guaiacol and salicylic acid in acute articular rheumatism and in pleurisy with good results. Its employment has caused no unpleasant effects, even in children. In adults the effect of the treatment may not be so quickly apparent as in children, due to the fact that the skin of the former absorbs less easily. In cases of pleurisy with effusion,

many of them probably tuberculosis, the author's results have been uniformly excellent. In early cases he states that the fluid may be absorbed in from five to nine days. If the ointment causes marked irritation of the skin, a new area should be used for each application.—*Münchener medizinische Wochenschrift*, 1905, No. 9, p. 415.

PEDIATRICS.

UNDER THE CHARGE OF

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AND

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Prophylaxis of the Ear in Acute Infectious Diseases.—OSTMANN (*Münchener medizinische Wochenschrift*, 1905, Band lii., No. 15, p. 694) calls attention to the frequency and dangers of middle-ear complications in the course of infectious fevers, to the manner in which they arise, and to the fact that proper prophylaxis will prevent many of them. In some instances the ear affection may be laid at the door of the specific infection, but in most of the cases it is only secondary to this, the infection producing a series of local and general changes, which predispose to the ear disease. In children the Eustachian tube is relatively short and wide, and, therefore, it is easily opened during swallowing, yawning, etc.; the emaciation associated with all the acute infectious diseases removes also a certain amount of the fat of the structures of the Eustachian tube, functionally weakening its tensor muscle and leaving the tube patulous; this favors propagation of the infectious process from the throat.

This possibility of infection becomes almost a certainty in the cases where the nose and throat of the child are already the seat of chronic inflammation or of adenoid vegetations. The already existing organisms are made much more virulent by the infection, and on account of the stopped-up nose, it is comparatively easy for mucus to be pulled into the ear during forced breathing, coughing, etc. Other possibilities of setting up a middle-ear inflammation are through extension of inflammation within the tissues themselves. The nasopharyngeal catarrhs of children, therefore, should be looked after and cured; they lead to accumulation of mucus in nose and throat and prevent the child from breathing properly; the infection makes the condition considerably worse and often makes it impossible to treat it properly. The children should be accustomed at an early date to cleanse their noses and throats through proper breathing and gargling; especially unilateral, vigorous but not violent breathing should be practised. The gargling or rinsing should be performed thus: A small amount of fluid is taken in the mouth, a deep breath taken through the nose, and at the height of inspiration the breathing is checked; the mouth is opened, the tongue protruded, and the tongue depressed with depressor; the fluid falls into the pharynx, a choking sensation is produced and the fluid ejected;